

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006599

FILED
Feb 06, 2009
Secretary of State

Entity Name: DOWNES ASSOCIATES, INC.

Current Principal Place of Business:

2129 NORTHWOOD DRIVE
SALISBURY, MD 218017858

New Principal Place of Business:

Current Mailing Address:

2129 NORTHWOOD DRIVE
SALISBURY, MD 218017858

New Mailing Address:

FEI Number: 52-0999171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, TERRY L
12704 ASTON OAKS DRIVE
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: OWENS, GEORGE E P.E.
Address: 9685 WALNUT DRIVE
City-St-Zip: SEAFORD, DE 19973

Title: VCST () Delete
Name: DOWNES, DAVID V P.E.
Address: 511 N. PINEHURST AVENUE
City-St-Zip: SALISBURY, MD 21801

Title: DVP () Delete
Name: GRIER, ALEXANDER M P.E.
Address: 214 N. CLAIRMONT DRIVE
City-St-Zip: SALISBURY, MD 21801

Title: VP () Delete
Name: HIRSCH, STEPHEN D
Address: 7246 E. RANIER DRIVE
City-St-Zip: PARSONSBURG, MD 21849

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE E. OWENS, P.E.

CP

02/06/2009

Electronic Signature of Signing Officer or Director

_____ Date